



CONFIDENTIAL VICTIM'S NEXT-OF-KIN DECLARATION

I, _____ declare as follows:
(name)

Pursuant to the provisions of Penal Code Section 3043, I am requesting notification of the
parole hearing of _____ as next of kin of
(name of inmate) (CDCR number¹)
the victim, _____ who is deceased. The nature of the relationship
(name of victim)

I bear to the victim is that of _____.
(nature of relationship²)

Please select either (a) or (b):

- a. I have no relationship with the inmate.
- b. My relationship to the inmate is _____.

_____ (Print or Type Name)	(The below information is used for security purposes and will remain confidential.)	
_____ (Address)	_____ (Driver's License Number)	_____ (State)
_____ (City/State/Zip Code)	_____ (Social Security Number)	
_____ (Primary Phone Number)	_____ (Date of Birth)	
_____ (Alternate Phone Number)	_____ (E-mail address)	

I declare under penalty of perjury that the above information is true and correct.

Executed on _____, at _____, _____.
(month/day/year) (city) (state)

(Signature)

¹ California Department of Corrections & Rehabilitation inmate number, if known.

² Please note: spouse, children, parents, siblings, grandchildren, and grandparents, who are related by blood, marriage, or adoption.